

AMENDMENTS TO THE CLAIMS

1 - 109. (Canceled)

110. (Currently amended) A method of calculating a ~~medical~~ billing code for a patient encounter that complies with the requirements of the United States Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS), including the steps of:

- (a) providing an electronic computer or scannable form;
- (b) ~~generating real-time prompts for prompting a user via said electronic computer or~~
scannable form to collect an information regarding said patient encounter, said information
including at least certain information relevant to calculating said billing code~~gatherer interacting~~
~~with a patient to gather information via said electronic computer or said scannable form to gather~~
~~information;~~
- (c) ~~gathering information that at least includes information relevant to calculating the~~
~~billing code;~~
- (d) ~~guiding said information gatherer during said interaction with the patient;~~
- (e) ~~reminding said information gatherer regarding specific points of inquiry relevant to~~
~~further examination of that patient; and~~
- (f) ~~soliciting underlying information usable for calculating a description of the medical~~
~~services being provided rather than said prompts soliciting said information gatherer for the~~
~~description itself of the medical services, said underlying information comprising details of a~~
~~patient history, details of a patient examination and/or details of medical decision making~~
~~regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the~~

~~patient, information used for clinical research, information used for quality assurance, and/or
information used to compile patient care data base information;~~

~~(g) obtaining and collecting and recording that said information regarding said patient
encounter into using said electronic computer or said scannable form into a data base or data
table; and~~

~~repeating steps (a)-(g); and~~

~~(d) using said electronic computer or said scannable form to electronically derive an
appropriate HCFA/CMS calculating a desired billing code from said collected information
gathered data.~~

111. (Currently amended) The method of Claim 110, in which said electronic computer or
scannable form is provided in the form of a handheld computer with a touch screen interface, and
said recording step ~~involving~~ includes entering the patient information in real time into said
electronic computer via said touch screen interface.

112 - 122. (Canceled)

123. (Currently amended) Apparatus for compiling medical data and generating a billing code
based on said medical data and claims being consistent with payer mandates, comprising:

electronic means for displaying items for evaluation ~~topics of inquiry for use with~~ of a
patient during a patient encounter, said items being ~~topics of inquiry including~~ at least sufficient
~~details to support billing requirements imposed by said payer mandates, said topics of inquiry~~
~~including individual data elements needed to calculate or derive the final billing code based on~~
~~billing requirements imposed by Health Care Financing Administration (HCFA) (now known as~~
~~Centers for Medicare and Medicaid Services (CMS));~~

~~data forms for collecting and storing data from said patient encounter, said data comprising patient responses and/or user findings regarding history, examination, assessment, counseling, or decision occurring as a result of generated text information based in part on said patient encounter;~~

~~means for storing a storage and accessing said patient responses and/or said user findings; medium having;~~

~~codes representative of at least one of billing, procedure, and documentation requirements;~~

~~an algorithm for linking, and comparing said patient responses and/or said user findings with values for billing, procedure, treatment, counseling and/or documentation requirements, and computing said collected data with said requirement codes; and~~

~~calculating means for deriving a resultant code based in part on said algorithm linked, compared, and computed data.~~

124. (Previously presented) The apparatus of Claim 123, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

125. (Previously presented) The apparatus of Claim 123, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and algorithm for computing the percent of total time used for counseling.

126. (Currently amended) The apparatus of Claim 124, wherein said billing requirement codes are Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services(CMS)) (collectively HCFA/CMS) codes.

127. (Currently amended) The apparatus of Claim 123, wherein said ~~requirement~~ billing codes are insurance requirement codes.

128. (Previously presented) The apparatus of Claim 124, 125, 126, or 127 wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

129. (Canceled)

130. (Canceled)

131. (Canceled)

132. (Currently amended) The method of ~~Claim 106 or Claim 107 or Claim 108 or Claim 109 or Claim 110 or Claim 111~~, wherein said electronic computer is at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable forms.

133. (Canceled)

134. (Currently amended) The apparatus of ~~Claim 114, 115, or 123~~, wherein said electronic means comprises at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable paper forms further including at least one scannable form for prompting inquiries.

135. (Currently amended) The apparatus of ~~Claim 104 or 113~~ 123, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time, and determining said billing code based upon said comparison.

136. (Currently amended) The method of ~~Claim 106 or 110~~, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

137. (Currently amended) The system of Claim ~~114~~157, wherein the ~~resultant~~billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

138. (Currently amended) The apparatus of Claim ~~114, 115~~, 123[[,]] or 124, wherein said data includes patient counseling information and patient care information.

139. (Currently amended) The method of Claim ~~106, 107, or 110~~ further including storing patient counseling information and patient care information, and using said stored information for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

140-144. (Canceled)

145. (Currently amended) The system of Claim ~~114~~157, where said billing code is based on billing requirements imposed by the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services (CMS)) codes.

146. (Currently amended) The system of Claim ~~114~~157, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the recording of ~~the patient~~ information in real time.

147-151. (Canceled)

152. (Currently amended) The system of Claim ~~114~~157, wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, ~~or~~ hand writing recognition software or scannable form.

153. (Canceled)

154. (Currently amended) The apparatus of Claim 123 ~~113, 114, or 129~~, further including storing patient counseling information and patient care information, and using said stored information patient responses and/or user findings for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

155. (Canceled)

156. (Currently amended) The method of Claim ~~106, 107, or 110~~, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS) requirements.

157. (Previously presented) An integrated electronic system for conducting a medical interview of a patient and contemporaneously compiling medical data and calculating an appropriate Evaluation and Management billing code based on that interview, including:

electronic means including:

a prompting means for generating real-time prompts to prompt an interviewer to make a series of inquiries for eliciting responses from the patient during a patient encounter, said series of inquiries and said responses including at least sufficient details to support billing requirements imposed by payer mandates, said series of inquiries including individual data elements needed to calculate or derive the Evaluation and Management billing code,

said prompting means further including:

a calculating means for calculating further prompting for inquiries regarding the patient using at least some of the preceding responses;

a guiding means for guiding the interviewer during said interaction with the patient;

a reminding means to remind the interviewer regarding specific points of inquiry relevant to further examination of that patient; and

a soliciting means to solicit underlying information usable for calculating a description of the medical services being provided, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

the electronic means further including:

a recording means for recording said responses or other related information corresponding to the series of inquiries; and

a calculating means using information including said recorded responses to derive the Evaluation and Management billing code, said billing code complying with the billing requirements imposed by said payer mandates.

158. (Currently amended) A method for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including:

providing the apparatus of Claim 159; said method further including at least one of the following steps:

a the apparatus prompting ~~means for reminding~~ the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to

document what was found or what occurred during said patient encounter, or to comply with requirements for calculation of said billing code specific for said type of patient encounter;

~~an the user~~ inputting means for recording said patient encounter data;

~~a data electronically storage means for preserving~~ said patient encounter data;

~~a calculating means for using from~~ said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and

~~a data accessing means wherein items preserved by said data storage means and/or said results of said calculating step form means can be viewing, communicating, ed, analyzedanalyzing, or revisedrevising same.~~

159. (New) An apparatus for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including:

prompting means for reminding the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to document what was found or what occurred during said patient encounter, and/or to comply with requirements for calculation of said billing code specific for said type of patient encounter;

inputting means for recording said patient encounter data;

data storage means for preserving said patient encounter data;

calculating means for using said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and

data access means wherein items preserved by said data storage means and results of said calculating means can be viewed, analyzed, or revised.

160. (New) The apparatus of Claim 159, said data access means including means for preparing communications regarding results of said patient encounter and said calculating means, said communications including documentation regarding what was found or what occurred during said evaluation, documentation sufficient to support said billing code, and/or communications to other health care providers.

161. (New) The apparatus of Claim 159, said data access means including means for facilitating use of said information in connection with clinical research, quality control, patient care data base information, clinical notes, clinical counseling notes, or correspondence.

162. (New) The apparatus of Claim 159, wherein said calculating means comprises a timer for tracking total time of patient encounter and total counseling time during said patient encounter, and an algorithm for comparing said total time of said patient encounter and said total counseling time during said patient encounter, and determining whether said billing code should be based upon said comparison.

163. (New) The method of Claim 158, wherein said billing code is derived based on rules set forth in the Documentation Guidelines for Evaluation and Management Services billing code of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

164. (New) The apparatus of Claim 159, wherein said electronic means comprises a personal computer, desktop computer, laptop computer, network server, handheld computing device, portable computing device, or scannable form.

165. (New) The apparatus of Claim 159, wherein said data storage means comprises a data base or data tables.
166. (New) The apparatus of Claim 165, wherein said data base or data tables are modifiable as needed.
167. (New) The apparatus of Claim 159, further comprising an adding means, wherein said user can add free text to said data elements, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting, or direct keyed entry.
168. (New) The apparatus of Claim 159, wherein said prompting means is customizable to accommodate needs of specific medical practices.
169. (New) The apparatus of Claim 159, wherein said prompting means is modifiable to accommodate changes in said payer mandates and clinical practice.
170. (New) The apparatus of Claim 159, wherein said prompting means is customizable to accommodate the needs of medical encounters, medical practices, or users.
171. (New) The apparatus of Claim 159, wherein said data access means is customizable according to needs of said medical encounter or of said user.
172. (New) The method of Claim 158, said step of electronically storing said patient encounter data including storing patient counseling information and patient care information.
173. (New) The method of Claim 158 or Claim 172, further including using said stored patient encounter data for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.